ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  State File No. 12 2	
1. PLACE OF BIRTH STANDARD CERTIF	al statistics
County Tila	State Migora
District or Township Olespital or Village	
City. No. Manie Sugaration Aspital St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child faret Conglehers (If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date 71. 19.9	
Jemale hirths. 5. No., in order of birth.	of birth with 20 / L.
8. FATHER Full name Daniel Engleberg	14. Pull maiden name Rose Feldman
	Tase o etaman
9. Residence (Usual place of abode) Miann Myon	15. Residence (Usual place of abode) Miana Angin
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
While 11. Age at last birthday 52 (Years)	White 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) New Yard Cib 18. Birthplace (city or place)	
(State or country) 2. 9.	(State or country) Cussi
13. Occupation Proprietos, Menis Jurushing 19. Occupation	
Nature of Industry Stare	Nature of industry
20. Number of children of this mother	nd now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child).  (b) Born alive by (c) Stillborn	- · · · · · · · · · · · · · · · · · · ·
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:	
(Born alive or stillborn)	
* When there was no attending physician or midwife, then the father, householder,	J. Moviller
etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from  a supplemental report	Mianni (Physician or midwife).
Month, day, year meh 3/ 39 6 2	
Registrar,	Registrar.
157-325-965	

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